FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6) AND/OR
UNIFORM LIMITED OFFERING EXEMPTIC

OMB APPROVAL
OMB NUMBER: 3235-0076
Expires: April 30, 2008
Estimated average burden
16,00



Filing Under (Check box(es) that apply) Type of Filing: New Filing	Amendment	Section 4(6) ULOE PROCESSED
	A. BASIC IDENTIFICATION DATA	MAR 2 8 2007
Enter the information requested about		₩.A.N & 0 2007
Name of Issuer (☐ Check if this is an NeoSaej Corp.	amendment and name has changed, and indicate change.)	THOMSON
Address of Executive Offices 35 Flint Road, Concord MA 01742	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) CIAI (978) 371-1700
Address of Principal Business Operation (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Development of infrastructure softwa	re for Internet commerce space and related areas	/007
Type of Business Organization		
□ corporation	☐ limited partnership, already formed ☐ ☐	other (please specify):
□ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation	on or Organization:	ar 6

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. LIBC/2943803.1

SEC 1972 (6-02) t of 8

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ■ Executive Officer Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Member ☑ Director Full Name (Last name first, if individual) Chatter, Mukesh Business or Residence Address (Number and Street, City, State, Zip Code) 35 Flint Road, Concord MA 01742 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Member □ Director Full Name (Last name first, if individual) Chatter, Priti Business or Residence Address (Number and Street, City, State, Zip Code) 35 Flint Road, Concord MA 01742 Check Box(es) that Apply: ■ Beneficial Owner ■ Executive Officer ☐ Member □ Director □ Promoter Full Name (Last name first, if individual) Goyal, Rohit **Business or Residence Address** (Number and Street, City, State, Zip Code) 10 Royal Crest Drive, Apt. #10, Marlborough, MA 01752 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) NeoNet, LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) 35 Flint Road, Concord MA 01742 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Stata Venture Partners II, LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) 194 Claybrook Road, Dover, MA 02030 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer □ Director □ General and/or **Managing Partner** Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORM	IATION A	BOUT OF	FERING									
1. Has the iss	suer sold, o	r does the is	suer intend	I to sell, to	non accredi	ted investo	rs in this of	fering?				No ⊠
			Ans	wer also in	Appendix,	Column 2,	if filing und	der ULOE.				
2. What is th	e minimum	investmen	t that will b	e accepted	from any in	ndividual?					\$ <u>100,0</u>	<u>00*</u>
*Subject to th	e discretion	n of the issu	ier.									
2 Door the a	.00		L:c	:1	:40							No —
3. Does the o	niering pen	mit joint ow	nership of	a single un	11.7	••••••	***************************************					Ø
4. Enter the iremuneration agent of a bropersons to be Full Name (L.	for solicita ker or deal listed are a	tion of pure er registered ssociated p	hasers in column the Sersons of su	onnection v SEC and/or	with sales of with a state	f securities or states, I	in the offer	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associate than five	d person or (5)
		,	,									
Business or R	tesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	sciated Bro	ker or Deal	er									
States in Whi						hasers				·····		1 A II Caasaa
(Check ".	All States [AK]	or check in [AZ]	dividual Sta [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	נייין	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	. , [PR]
Full Name (L	ast name fi	rst, if indivi	idual)						ÿ			
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)	<u>_</u>					
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi												
(Check " [AL]	All States" [AK]		dividual Sta [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)] All States [ID]
[IL]	[IN]	[AZ] [iA]	[KS]	[KY]	[LA]	[ME]	[DL]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L					`			. ,				
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Ass	ociated Bro	ker or Deal	er								-	
States in Whi						hasers	<u> </u>					- AD C: -
(Check " [AL]	All States" [AK]	or check in [AZ]	dividual St [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)] All States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

[VT]

[VA]

[WA]

[WV]

[WI]

[WY]

[PR]

[RI]

[SC]

[SD]

[TN]

[TX]

[UT]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange		
	Aggregate Offering Price	Amount Already Sold
Debt	s	\$
Equity	s	
□ Common ☑ Preferred		
Convertible Securities (including warrants)	\$_1,000,000	\$505,000
Partnership Interests	S	s
Other (Specify Common Stock)	\$	\$
Total	\$_1,000,000	\$505,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	_4	\$505,000
Non-accredited Investors	_0	\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		N/A
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		s
Rule 504		s
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	1	□ \$
Printing and Engraving Costs		\$
Legal Fees		■ \$ <u>26,000</u>
Accounting Fees		□ \$
Engineering Fees		
Sales Commissions (specify finders' fees separately)		□ \$
Other Expenses (identify) Blue Sky Filing Fees		■ \$250
Total	I	№ \$ <u>26,250</u>

C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
b. Enter the difference between the aggregal 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."			\$ <u>973,750</u>		
used for each of the purposes shown. If the estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, &	1	Payments To
			Affiliates		Others
			\$		
Purchase of real estate			\$		
Purchase, rental or leasing and installation	on of machinery and equipment		\$		\$
Construction or leasing of plant building	gs and facilities		\$		\$
offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	_	\$		\$
·			\$		
• •			\$		
<u> </u>	t, repayment of indebtedness and other general		\$		\$973,750
			4		Ψ <u>712,120</u>
		_	•	_	¢
			\$		
Column Totals			\$	M	\$ <u>973,750</u>
Total Payments Listed (Column totals ac	lded)	·	⊠ \$ <u>9′</u>	73,7:	50
	D. FEDERAL SIGNATURE				
following signature constitutes an undertaking	ned by the undersigned duly authorized person. If this no ng by the issuer to furnish to the U.S. Securities and Exch issuer to any non-accredited investor pursuant to paragra	ange (Commission, up	on v	
Issuer (Print or Type)	Signature		Date		
NeoSaej Corp.	(SMILLE WILLE)			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Mukesh Chatter	President, Treasurer and Chief Executive Officer				

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

